

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 38  
Registered No. 1416

## 1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_City Phoenix No. 1435 E. Wash St. \_\_\_\_\_ Wa \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Virginia Hazel Williams {If child is not yet named, make supplemental report, as directed}3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Sept. 23-9  
Month Day Year8. FATHER  
Full name Chas. E. Williams14. MOTHER  
Full maiden name Hazel Higgins9. Residence 1435 E. Wash  
(Usual place of abode)  
If non-resident, give place and state.15. Residence 1435 E. Wash  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race

Cau11. Age at last birthday 20 (Years)

16. Color or race

Cau17. Age at last birthday 18 (Y)

12. Birthplace (city or place)

(State or country) Texas

18. Birthplace (city or state)

(State or country) Ariz.13. Occupation Wks. Lumber Yd.

Nature of Industry

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_21. Were precautions taken against  
themia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 a.m. on the day \_\_\_\_\_  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature A. A. Shelley

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year

Address 6020 Shepard St.Filed Oct 31929

Registrar.

Reg.

562-923-885